


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: May 28, 2018	POLICY NO. A-PS810	PAGE 1 of 4
TITLE: DISCLOSURE OF UNANTICIPATED OUTCOMES				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: PSC 10/2017, MEC 01/2018, EMC 03/2018, BOT Q&S 04/2018, BOT 04/2018				

PURPOSE:

To define the policy and outline the procedure for informing patients and their families or legally authorized representatives about results of a treatment or procedure that differ significantly from what was anticipated (“unanticipated outcomes”). Guam Memorial Hospital Authority (“GMHA”) recognizes the importance of effectively communicating with patients and their families to foster better decision-making and transparency.

Please note: this policy refers to a patient's right to know their medical condition and unanticipated outcomes. The reasons or causes for unanticipated outcomes are not always readily apparent and may not be quickly understood. This policy should not compel attending physicians or staff members to speculate as to causes or reasons for unanticipated outcomes before those causes are fully understood. Under those circumstances, it is best to defer explanations until comfortably understood.

POLICY:

It is the policy of the GMHA that patients be treated with openness and honesty at all times, and that their right to know their medical status is respected. A factual summary of the results of a patient’s care, treatment and services, including unanticipated outcomes, shall be disclosed to the patient to enable informed decisions regarding future medical care.

DEFINITIONS:

Disclosure: Communication of information regarding the results of a diagnostic test, medical, surgical or other interventional treatment.

Unanticipated Outcome: An outcome, whether positive or negative, and whether from error or not, that significantly differs from what was the desired outcome of care.

Factual Summary: A brief description of *known* facts regarding the patient care outcome, which is not speculative and does not assume that fault or error caused the unanticipated outcome.

RESPONSIBILITIES:

A. Risk Management Program Officer

It is the responsibility of the Risk Management Program Officer to ensure that disclosure of unanticipated outcomes occurs in a timely and appropriate manner. The Risk Management Program Officer may be present for the initial disclosure and/or subsequent discussions as appropriate.

Please note: information gathered as parts of quality assurance processes must be kept separately within the quality assurance process by law and cannot be disclosed.

B. Attending Physician / Staff Members

The patient's attending physician has the primary responsibility to determine if the result and/or response to a treatment or procedure should be identified as an unanticipated outcome and, if so, shall manage the disclosure of information and subsequent discussions with the patient, their family, or legally authorized representative to assure continuity and appropriate perspective during discussions. If more than one service is involved, attending physicians should collaborate in discussing unanticipated outcomes of care as appropriate. Staff members involved in the patient's care may be present during the discussion to provide support and assistance to the attending physician, as appropriate.

In the event that the attending physician is unavailable, his/her designee responsible for the patient's care shall manage the disclosure of information and documentation. The attending physician and/or appropriate staff member is also responsible for ensuring that disclosure occurs in a timely and appropriate manner, and shall adhere to the procedure for disclosure as outlined.

C. Hospital Administrator/CEO

In some instances, the Hospital Administrator/CEO may designate another individual as the primary person to communicate with the patient, their family, or legally authorized representative.

PROCEDURE:

I. PREPARATION FOR DISCLOSURE

Upon discovery of an unanticipated outcome in a non-emergent situation, or after an emergent situation has been addressed, staff shall report the unanticipated outcome to their immediate supervisor or the head of their department within 24 hours. Before the disclosure of an unanticipated outcome is made to the patient, their family, or legally authorized representative, it should first be determined by the attending physician that significant potential for adverse outcome has occurred. If there is no significant potential for adverse outcome, disclosure to the patient may not be required.

If disclosure is deemed appropriate, the patient, their family, or legally authorized representative shall be provided the option of having another support person present during the discussion.

Please note: there are occasions when the sharing of unanticipated outcomes can put a patient at risk of harm either due to the potential for psychological trauma or exposure to physical harm. Professional judgment will determine when and how information will be shared. Reasons for withholding information should be documented in the medical record. Disclosure may be deferred to a more appropriate time, but should be completed no later than the time of discharge/completion of care at the hospital.

II. INFORMATION FOR DISCLOSURE

A. Each situation is unique and shall be handled on a case-by-case basis. At a minimum, the following information shall be disclosed:

1. A truthful, factual, and compassionate account of the unanticipated outcome;
2. Any short or long-term effects expected as a result of the unanticipated outcome;
3. Any medical care or treatment available to the patient required as a result of the unanticipated outcome, including but not limited to, the risks, benefits and alternatives of such care and treatment;
4. An expression of regret that the unanticipated outcome occurred;
5. Assurance that the unanticipated outcome will be evaluated so steps may be taken to reduce the likelihood of similar risk to other patients;
6. Time for the patient and/or family to ask questions or raise concerns; and
7. Name of the individual(s) responsible for managing ongoing communications with the patient and the patient's family members regarding additional questions, complaints and follow-up.

B. The person making the disclosure:

1. Shall not blame or criticize GMHA facility, leadership, policies, physicians or staff members in any way;
2. Shall not speculate as to how event occurred;
3. Shall not make any statement of fault or liability for causing the unanticipated outcome;
4. Shall not make any statements that could be construed as promises or guarantees regarding future medical services or bills; and
5. Shall not discuss financial issues with the patient (such financial issues or questions should be directed to the appropriate personnel).

III. DOCUMENTATION

A. The disclosure of an unanticipated event that directly affects the patient should be documented in a clear, concise, and accurate manner in the patient's medical record. Documentation shall include the following:

1. A factual summary of what was disclosed including:
 - a. the nature of the event and contents of discussion on the unanticipated outcome, including the time, place, actions taken, and planned actions to identify process issues as appropriate; and
 - b. a statement of an offer of support or assistance and identification of individual to handle subsequent discussions. Psychiatric or ethics evaluations should be recorded in accordance with hospital policy.
2. The persons present during the disclosure and their relationships to the patient. The time, date, and place of the discussion.

B. Documentation shall not include suspicions, opinions and other non-clinical information regarding the unanticipated outcome. Any follow-up discussions shall be noted in the same manner.

Please note: any information based on peer review for the purpose of monitoring, assessing, or documenting the quality of diagnostic or treatment services is confidential medical quality assurance information and cannot be disclosed to patient or document in their medical record.

REFERENCE:

The Joint Commission. *Rights and Responsibilities of the Individual*. Standard RI.01.02.01 effective September 2017.

RELATED POLICY:

A-PS800, Patient Safety Program, of the Administrative Manual.

RESCISSION:

A-PS810, Disclosure of Unanticipated Outcomes, of the Administrative Manual made effective September 11, 2014.